



TWO BROTHERS CONTRACTING, INC.
Environmental Services

Asbestos Abatement • Demolition
Ardex Engineered Cements • Blastrac Mastic Removal

11 Vreeland Avenue • Totowa, NJ 07512
Tel: 973.956.8700 • Fax: 973.956.8811

October 6, 2016

New Jersey Department of Labor
Asbestos Control & Licensing Section
1 John Fitch Plaza, 3rd Floor
P.O. Box 949
Trenton, NJ 08625-0949
Attn: Mr. Thomas P. Vorhees

Re: Amended Notification #1 – NJ Transit
Hoboken Light Rail Terminal
1 Hudson Place
Hoboken, NJ 07030

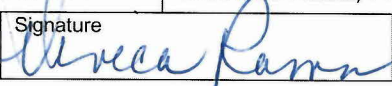
We are amending the notification to extend the completion date. Attached is a copy of the initial notification for your reference.

Please feel free to contact us should you have any questions. Thank you.

Sincerely,

Viveca Ramos
Project Coordinator

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/6/2016		Name of Building Owner/Operator (2) NJ TRANSIT							
Agencies Notified	Type Notification	Street Address ONE PENN PLAZA							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NJ 07105							
		Name of Contact JOHN GEITNER	Telephone Number 862-230-9427						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOBOKEN LIGHT RAIL TERMINAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 HUDSON PLACE		Square Feet	# of Floors						
City (5) HOBOKEN		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 9/30/2016	Scheduled Completion Date (11) 10/21/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CONCOURSE BETWEEN TRACKS 9 & 1		X		CLEAN UP OF ROOF DEBRIS		X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 10/21/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 10/6/2016					

09/30/2016 15:37 Two Brothers Contracting

FAX 973 956 8811

P.002/002

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 9/30/2016		Name of Building Owner/Operator (2) NJ TRANSIT							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	ONE PENN PLAZA	NEWARK, NJ 07105						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Name of Contact JOHN GEITNER	Telephone Number 882-296-9427						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOBOKEN LIGHT RAIL TERMINAL		Type of Facility (4)							
Street Address 1 HUDSON PLACE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HOBOKEN		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
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Project Manager for Monitoring Firm		City, State, Zip Code TOTOWA, NJ 07512							
Telephone No.		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 9/30/2016	Scheduled Completion Date (11) 10/6/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
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<input type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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	Yes	No	N/A			Removed	Repair	Encapsulate	Enclose
CONCOURSE BETWEEN TRACKS 9 & 1		X		CLEAN UP OF ROOF DEBRIS		X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 10/6/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 9/30/2016					

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.